

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 436

Date Received

27-OCT-2000

 Ocl\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

874005

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1J4GZ78Y1TC232580	JEEP	CHEROKEE	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 03273000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 01-JUN-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER TOOK VEHICLE TO HAVE TIRES ROTATED. VEHICLE WOBBLER WHEN COMING TO A STOP. A MECHANIC FOUND THAT BRAKE ROTORS WERE RUSTED & PITTED. CONSUMER LOCATED A RECALL ON THE BRAKE ROTORS 00V136000/ MANUFACTURER'S RECALL 879. BUT THIS STATE WAS NOT INCLUDED.\*AK

CONTINUED ON BACK PLEASE

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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J.S. Department of Transportation National Highway Traffic Safety Administration		Od_or _____ Cl_pt _____ Ad_trt _____ up_tr _____ Reference No. <b>874005</b>	
<b>OWNER INFORMATION (Type or Print)</b>			
[Redacted]		<b>851496</b>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>11/1/00</u>	
Signature of Owner _____			
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1J4GZ78Y1TC232580</b>		Vehicle Make <b>JEEP</b>	Vehicle Model <b>CHEROKEE</b>
Vehicle Year <b>1996</b>		Current Odometer Reading <b>46120</b>	
Purchase Date <u>1-2-96</u>	Dealer's Name <u>Cross Motors</u>		Engine Size (CID/CC/L) <u>5.2</u>
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Louisville</u> State <u>KY</u> Zip Code <u>402</u>		No. Cylinders <u>8</u>
<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		
Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component 03260000 03273000	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM                  BRAKES:HYDRAULIC:DISC:ROTOR:DISC HUB</b>		Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear
Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	No of Failures	Date(s) of Failure(s) <u>01-JUN-2000</u> Mileage at Failure(s) <u>~90000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)		
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____	NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)		
CONSUMER TOOK VEHICLE TO HAVE TIRES ROTATED. VEHICLE WOBBLER WHEN COMING TO A STOP. A MECHANIC FOUND THAT BRAKE ROTORS WERE RUSTED & PITTED. CONSUMER LOCATED A RECALL ON THE BRAKE ROTORS 00V136000/ MANUFACTURER'S RECALL 879. BUT THIS STATE WAS NOT INCLUDED.*AK Recall related to use of road salt. Road salt has been used extensively in Louisville, KY in past few years, yet we were not included in recall. Downtown Louisville is 5 minutes from Indiana where recall is in effect.			

CONTINUE ON BACK IF NEEDED

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